

SECTION 7

Medi-Cal Administrative Activities (MAA) Time Survey

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MAA OUTREACH A AND MAA OUTREACH B1, B2 AND B3

This section provides guidance on how to differentiate between Outreach A (Not Discounted by the Medi-Cal percentage) and Outreach B1, B2, or B3 (Discounted by the Medi-Cal percentage). Both Outreach A and Outreach B1, B2, or B3 may consist of discrete campaigns or may be an ongoing activity. Outreach may be conducted with groups or individuals, or through media campaigns. It is important that the language used in the MAA Claiming Plan follow the language used in the SDHS MAA Claiming Plan Instructions for distinguishing between Outreach A and Outreach B1, B2, or B3.

OUTREACH A (Not Discounted)

There are two purposes for this type of Outreach:

1. **Bringing potential Medi-Cal eligibles into the Medi-Cal system for the purpose of determining Medi-Cal eligibility.** This involves informing individuals or the general public about the benefits and services that the Medi-Cal program offers and encouraging and referring them to apply for Medi-Cal benefits. The general public may consist of various population groups, some of which could be categorized as high risk, such as low income pregnant women.
2. **Bringing currently enrolled Medi-Cal beneficiaries into Medi-Cal services.** This involves informing, encouraging, and referring Medi-Cal beneficiaries to access Medi-Cal covered services, such as Child Health and Disability Prevention (CHDP) programs and Medi-Cal services providers. This type of outreach is directed only to persons known to be eligible for Medi-Cal, such as TANF clients and persons that are current Medi-Cal beneficiaries, and not to the general public. The language used in these campaigns should clearly indicate that the message is directed to Medi-Cal beneficiaries and that referrals are only to Medi-Cal services.

NOTE:

- If a health campaign contains a discrete segment targeted only to bringing Medi-Cal eligibles into Medi-Cal covered services, only that segment would be time surveyed to Outreach A. An example would be a two hour presentation to Medi-Cal and non-Medi-Cal persons on the importance of Prenatal Care, with one hour devoted to informing the Medi-Cal eligibles how to access Medi-Cal prenatal care service providers.
- Outreach A includes information and referral activity that involves referring Medi-Cal eligibles to Medi-Cal services, or referring potential Medi-Cal eligibles exclusively to Medi-Cal eligibility workers.
- Outreach A may include telephone, walk-in, or drop-in services only under the following circumstances:
 1. The service is exclusively for the purpose of referring potential beneficiaries to Medi-Cal eligibility offices and/or for referring Medi-Cal beneficiaries to Medi-Cal covered services (e.g., A Medi-Cal Referral Hotline).
 2. The person time surveying can clearly identify the time spent referring potential beneficiaries to Medi-Cal eligibility offices and/or referring Medi-Cal beneficiaries to Medi-Cal covered services.

OUTREACH A (Not Discounted)

The key to supporting a claim for Outreach A is to make sure that the intention of doing outreach to the general public and the various groups is not only to inform them of services, but also to encourage them to apply for Medi-Cal benefits and to refer them to eligibility offices. If you just inform the general public about services covered under the Medi-Cal State Plan, with no encouragement to apply for benefits, this activity would be Outreach B1, B2, or B3 (Discounted). It is important that staff understand the intent of Outreach A (Not Discounted) and incorporate these required elements into their outreach efforts.

OUTREACH B1, B2, AND B3 (Discounted by an acceptable Medi-Cal percentage methodology)

Outreach B1, B2, and B3 include outreach campaigns, programs, or ongoing activities directed toward bringing both Medi-Cal and non-Medi-Cal persons into health-care services. This activity is performed with no specific intention of getting these groups or individuals to apply for Medi-Cal. Outreach B1, B2, and B3 are discounted by the Medi-Cal percentage because the costs are only claimable to the extent that the activity brings Medi-Cal eligibles into Medi-Cal services.

Outreach B1 is outreach that will be discounted by an actual client count or other DHS approved methodology for determining the Medi-Cal percentage.

Outreach B2 is outreach that will be discounted by using the DHS issued Countywide Average Medi-Cal percentage.

Outreach B3 is outreach that will be discounted by using the CalWORKS Client Count, which include the following three optional methods: Adjusted CalWORKS Count, DHS Tape Match, or Unadjusted CalWORKS Count.

Staff must be aware of which Medi-Cal discount methodology will be used for a particular outreach activity in order to code appropriately to Outreach B1, Outreach B2, or Outreach B3.

Make sure staff understand that with slight modification of their outreach activities to include referring clients to apply for Medi-Cal, as well as referring to Medi-Cal covered services, their outreach efforts may be classified as Outreach A. This means that groups and individuals should be informed of services and also encouraged and referred to apply for Medi-Cal.

NOTE:

- General telephone, walk-in, or drop-in services for the purpose of informing or referring persons, including Medi-Cal eligibles, to services covered by Medi-Cal is considered Outreach B1, B2, or B3 as this type of service is not exclusively directed toward bringing potential Medi-Cal eligibles into the Medi-Cal system.
- The portions of broad general health education campaigns that focus on Medi-Cal services, program benefits and enrollment are allowable under Outreach B1, B2, or B3. However, that portion of time not focused on Medi-Cal services must be coded to Other Programs/Activities. An example would be a Well Child campaign that includes education on how to care for a sick child, as well as information on accessing Medi-Cal covered Well Baby Clinics.

Medi-Cal Administrative Activities

Providers of Medi-Cal Services in California

Acupuncturists
Assistive Device and Sick Room Supply Dealers
Audiologist
Blood Bank
Child Health and Disability Prevention Providers (CHDP)
Chiropractors
Christian Science Facilities
Christian Science Practitioners
Clinical Laboratories or Laboratories
Comprehensive Perinatal Providers (CPSP)
Dental School Clinics
Dentists
Dispensing Opticians
**Early Periodic Screening, Diagnosis and Treatment
Providers (EPSDT)**
Fabricating Optical Laboratory
Hearing Aid Dispensers
Home Health Agencies
Hospices
Hospital Outpatient Departments
Hospitals
Incontinence Medical Supply Dealers
Intermediate Care Facilities
**Intermediate Care Facilities for the Developmentally
Disabled**
Local Education Agency Providers (Schools)
Nurse Anesthetists
Nurse Midwives
Nurse Practitioners
Nurse Facilities
Occupational Therapists
Ocularists
Optometrists
Orthodontists
Organized Outpatient Clinic (PH Clinic, Community Clinics)
Organized Heroin Detoxification Providers

Providers of Medi-Cal Services in California (cont.)

Personal Care Service Providers

Pharmacies/Pharmacists

Physical Therapists

Physicians

Podiatrists

Portable X-ray Services

Prosthetists

Providers of Medical Transportation

Psychologists

Rehabilitation Centers

Renal Dialysis Centers and community Hemodialysis Units

Rural Health Clinics

Short-Doyle Medi-Cal Providers (Mental Health Division)

Skilled Nursing Facilities

Speech Therapists

Supplemental EPSDT Providers (Mental Health)

**Targeted Case Management Providers (PH Nursing, Teen Connections, PH Clinic,
Public Guardian, California Parenting - CPI)**

FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE)

(Not Discounted)

OVERVIEW

Facilitating Medi-Cal Application (Eligibility Intake) includes the following activities separately or in combination.

- Explaining Medi-Cal eligibility rules and the Medi-Cal eligibility process to prospective applicants.
- Assisting an applicant to fill out a Medi-Cal eligibility application.
- Gathering information related to the application and eligibility determination/redetermination from a client, including resource information and third-party liability (TPL) information as a prelude to submitting a formal Medi-Cal application to the county welfare department.
- Providing necessary forms and packaging all forms in preparation for the Medi-Cal eligibility determination.

NOTE: This activity does not include the eligibility determination itself.

HOW TO TIME SURVEY

This activity may appear similar to Outreach A (bringing potential Medi-Cal eligibles into the Medi-Cal system by encouraging and referring individuals who may be eligible for Medi-Cal to apply for Medi-Cal). However, Facilitating Medi-Cal Application is more pro-active and involves providing specific assistance rather than general information and referral to Medi-Cal eligibility offices. The person(s) completing the time survey will need to make the determination between these two activities.

Examples of Facilitating Medi-Cal Application activities include:

Conducting a presentation for prospective applicants on the Medi-Cal application process.

Providing Medi-Cal Application packets, including the actual application and instructions for completing the forms, to students and their families.

Providing translation services to assist non-English speaking applicants fill out the Medi-Cal eligibility application.

Out posting a Medi-Cal outreach worker at a school health clinic to assist applicants with the Medi-Cal eligibility forms and to answer questions.

Assisting teens at a school clinic to complete the Medi-Cal eligibility application and packaging the application forms for delivery to the Medi-Cal eligibility office.

Working with a student's guardian to secure copies of documents required for Medi-Cal application.

EXAMPLES OF ALLOWABLE AND NOT ALLOWABLE
PROGRAM PLANNING & POLICY DEVELOPMENT (PP&PD) ACTIVITIES
(DISCOUNTED)

Allowable PP&PD Activities:

1. Develop a plan to initiate School Clinic services to provide CHDP exams and immunizations.
2. Develop an interagency referral and tracking system to expedite access to Medi-Cal services.
3. Participate on an Interagency Children's Task Force to develop strategies to improve access to pediatric services.
4. Participate on an Children's Services Advisory Committee, comprised of physicians, managed care representatives, county employees, and community agency representatives. The purpose of the committee is to develop strategies to improve access to and increase pediatric services for Medi-Cal beneficiaries.
5. Participate on the Healthy Start Advisory Committee. The purpose of the Committee is to identify health needs of the homeless, particularly families with children, and to develop strategies to address those needs. The majority of the clients are potentially Medi-Cal eligible.
6. Work in collaboratives with school and public health nurses and community providers on a community needs assessment, development and implementation of services, and evaluation. The planned services include the full range of Medi-Cal services used by children.
7. Develop and review policies and procedures for coordinating medical services for at risk students.
8. Develop and maintain Medi-Cal resource information and directories of services.
9. Develop and oversee the Even Start (infant) project to increase utilization of Medi-Cal services.
10. Consult with medical providers on Medi-Cal policies and procedures to ensure that children/students receive the Medi-Cal services for which they are eligible.
11. Coordinate, plan, and develop policies related to children's services which includes obtaining resources for Medi-Cal covered school-linked health services and the integration of county children's Medi-Cal service providers.

PP&PD ACTIVITY EXAMPLES

12. Served on the Infant Mortality Review Committee which reviews deaths looking for medical issues in children under age one. The purpose is to develop objectives of prevention and medical intervention for high-risk families.
13. Develop and implement a Spanish language Medi-Cal referral telephone line.
14. Collect, analyze, and report Medi-Cal student statistical data in order to evaluate service needs and utilization.
15. Attend the Children's Immunization Initiative planning meetings to plan, implement, and evaluate increased Medi-Cal covered immunization services.
16. Recruiting for and accompanying Medi-Cal beneficiaries to a meeting to address barriers to Medi-Cal enrollment and utilization of Medi-Cal services.
17. Develop and implement a health services need survey regarding access to and the effectiveness/appropriateness of current Medi-Cal services.

Not Allowable PP&PD Activities:

1. Participate in a Red Ribbon Breakfast to discuss the causes of teen pregnancy.
2. Develop interagency policies and procedures to identify abused children.
3. Attend monthly Community Forum meeting, the purpose of which is networking and information sharing.
4. Proposal writing in a collaborative setting with other agencies for services not related to Medi-Cal.
5. Planning meetings with other agencies for services not related to the Medi-Cal program.
6. Contacting referral providers regarding services not related to Medi-Cal.
7. Conducting surveys or focus groups with school site councils regarding non-Medi-Cal services.
8. Attending general training on promoting community collaboration.

MAA TRANSPORTATION (Discounted)

OVERVIEW

This activity includes arranging and/or providing non-emergency, non-medical transportation of Medi-Cal eligibles to Medi-Cal services, and when medically necessary, accompaniment by an attendant other than a TCM case manager. “Non-medical” transportation means transportation by taxi, bus, van, car, etc. (“Medical transportation,” which is not allowable under MAA, means vehicles such as ambulances, wheelchair vans, or litter vans.)

HOW TO TIME SURVEY

There are two ways for persons who arrange for and/or provide MAA Transportation to time survey. How you choose to time survey will affect how you complete the MAA Invoice for this activity.

1. Code time to MAA Transportation only when arranging for and/or providing transportation of Medi-Cal beneficiaries to Medi-Cal services. In this case the Medi-Cal percentage on the MAA Invoice would be 100%.
2. Code time to MAA Transportation when arranging for and/or providing transportation of Medi-Cal beneficiaries and non-Medi-Cal persons to Medi-Cal covered services. In this case the activity would be discounted by the Medi-Cal percentage on the MAA Invoice. The Medi-Cal percentage used must be consistent with the method in the MAA claiming plan

SEPARATE TRANSPORTATION UNIT OR SERVICE

In situations where a LEC operates a separate transportation unit or contracts for the provision of transportation services, the costs of the unit or the contractor of actually providing the Medi-Cal non-emergency, non-medical transportation services for Medi-Cal eligibles to Medi-Cal services is an allowable MAA cost. Cost may be calculated on a per mile or per trip basis for each Medi-Cal client transported or by any other reasonable method and direct charged on the MAA Invoice. If this procedure is used, time surveying is not necessary.

DIRECT CHARGING ACTUAL COSTS OF TRANSPORTATION

In addition to the time spent arranging for and/or providing MAA (non-emergency, non-medical) transportation, the actual costs of transportation may be direct charged. Examples of these costs include taxi vouchers, bus tokens, mileage, costs of vans, drivers, etc. These costs are only allowable to the extent that the LEC incurs actual costs and are identified in the MAA claiming plan.

**CONTRACT ADMINISTRATION
(CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE
ACTIVITIES)
(Discounted and non-Discounted)**

OVERVIEW

This activity involves entering into contracts with community-based organizations or other provider agencies for the provision of Medi-Cal services and/or Medi-Cal Administrative Activities (MAA).

Contract Administration may only be claimed when performed by an identifiable unit of one or more employees, whose tasks officially involve contract administration according to their job position descriptions. If an employee performs Contract Administration 100% of their paid time, the employee does not need to time survey. Their costs may be direct charged.

Contract Administration includes:

- Identifying, recruiting, and contracting with community agencies as Medi-Cal services and/or MAA contract providers.
- Providing technical assistance to Medi-Cal subcontractors regarding county, state, and federal regulations.
- Monitoring provider agency capacity and availability.
- Ensuring compliance with the terms of the contract.

HOW TO TIME SURVEY

The MAA Time Survey form has two categories of Contract Administration.

Contract Administration “A” (Not Discounted): Employees are to time survey to Contract Administration A when the contract(s) they are administering only involve Medi-Cal populations.

Contract Administration “B” (Discounted): Employees are to time survey to Contract Administration B when the contract(s) they are administering involve both Medi-Cal and non-Medi-Cal populations. On the MAA Invoice, the costs of Contract Administration B must be discounted by the Medi-Cal percentage. The basis for determining this Medi-Cal percentage must be described in the MAA Claiming Plan.

NOTE: LECs have two options for claiming the administration of contracts for allowable MAA:

1. Time spent administering contracts that only pertain to MAA may be coded to the activity, such as Outreach, for which the contract is being administered. If the contract is for more than one activity, such as Outreach and Facilitating Medi-Cal application, the time could be split proportionally between the activities.
2. Time spent administering contracts for the provision of MAA may be coded to Contract Administration “A” (Not Discounted) if the contract is solely for MAA, or if the contract is for MAA and for services to Medi-Cal populations. Code to Contract Administration “B” (Discounted) if the contract is for MAA and for services to both Medi-Cal and non-Medi-Cal populations.

**MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)
COORDINATION AND CLAIMS ADMINISTRATION
(Not Discounted)**

OVERVIEW

MAA Coordination and Claims Administration includes the following activities:

- Drafting, revising, and submitting MAA Claiming Plans.
- Serving as liaison with claiming programs within the LEC and with the state and federal governments on MAA. Monitoring the performance of claiming programs.
- Administering LEC claiming, including overseeing, preparing, compiling, revising, and submitting MAA claims on an LEC-wide basis to the state.
- Attending training sessions, meetings, and conferences involving MAA.
- Training LEC program and subcontractor staff on state, federal, and local requirements for MAA claiming.
- Ensuring that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.
- Payment of the portion of the MAA Participation Fee that does not support the contract with the State Department of Health Services.

LEC employees whose position descriptions/duty statements include performance of the MAA Coordination and Claims Administration activities stated above may claim directly for the costs of these activities on the MAA Invoice. MAA Claims Administration may be direct claimed at the claiming unit level. If the MAA Coordinator and/or Claims Administration staff are performing these functions part-time, along with other duties, the staff must certify the percentage of time spent performing the duties of MAA Coordination and/or Claims Administration. Charges for supervisors, clericals, and support staff for these employees may be allocated based upon the percentage of certified time of the MAA Coordinator and Claims Administration staff.

IMPLICATIONS FOR THE MAA TIME SURVEY

Staff who only perform MAA Coordination and Claims Administration are not required to time survey.

Staff who perform MAA Coordination and Claims Administration and also perform other MAA must time survey.

See the section “Who Should Time Survey” and “Direct Charging for MAA Coordination and Claims Administration.”

MAA/TCM COORDINATION AND CLAIMS ADMINISTRATION

EXAMPLES OF MAA COORDINATION ACTIVITIES

Disseminating MAA related policy, procedure, and training documents to MAA claiming units.

Ensuring that MAA Contracts are properly executed.

Preparing MAA Claiming Plans and Claiming Plan amendments.

Developing protocols for implementation of MAA at the local level.

Providing MAA related training.

Responding to requests for information regarding the MAA program.

Reviewing and compiling the results of the MAA time survey.

Maintaining MAA audit files.

EXAMPLES OF MAA CLAIMS ADMINISTRATION ACTIVITIES

Developing and maintaining a record keeping system for documenting MAA direct charge expenses.

Ensuring that MAA claims are submitted by the required due dates.

Correcting MAA invoices rejected by the State.

DIRECT CHARGING FOR “MAA COORDINATION AND CLAIMS ADMINISTRATION”

OVERVIEW:

Direct charging is permitted for the costs of staff performing MAA Coordination and Claims Administration at the LEC level or MAA Claims Administration at the claiming unit level. This means these people are not required to participate in the MAA Time Survey process. However, they must certify the percentage of time spent and be able to provide documentation supporting this percentage. Their duty statements must show that these activities are part of their job. Charges for supervisors, clericals, and support staff for these employees may be allocated based upon the percentage of certified time of the MAA Coordination and Claims Administration staff.

The MAA Claiming Plan for this activity must identify all LEC staff performing the activity and whether they perform the activity full-time or part-time. If supervisors, clericals, and support staff for these persons are also to be direct charged, this must be stated in the MAA Claiming Plan. The MAA Claiming Plan must describe the methodology and documentation used to calculate and support the percentage time certified for these activities. Documentation should include the method of keeping time records. The claiming unit may want to assign a payroll account number for this activity. Ongoing time records or logs would provide a good audit trail and would allow the claiming unit to claim for actual costs, which might vary each quarter. An overhead or indirect rate, established according to A-87 principles, may be applied to personnel expenses.

The Claiming Plan requires the attachment of position descriptions showing that administration and coordination of MAA and/or claims administration are part of the job of persons to be direct charged. LECs that have “generic” position descriptions for job classifications are required to include duty statements describing the specific MAA related responsibilities.

Related operating expenses can also be direct charged. Examples might include travel to MAA related training, computer equipment or programming expenses, or training materials. Programs using service bureaus or consultants to prepare claims may direct charge these expenses. These items must be included in the Claiming Plan with a description of how the costs will be documented. In the case of items like computer equipment, the method for prorating the MAA share of cost must be stated if the item will also be used for other purposes. Assigning a MAA account number may be useful in isolating these expenses. Direct charging some smaller expenses, such as printing time survey forms, may not be worth the effort as all direct charge expenses must be subtracted from overhead costs.

AVOIDING DUPLICATION OF COSTS:

All costs that will be direct charged under “MAA Coordination and Claims Administration” on the MAA Invoice cannot also be included in other sections of a MAA claim.

LEA/LEC MAA TIME SURVEY HOW TO CODE EXERCISE INSTRUCTIONS

OVERVIEW

The purpose of the “How To Code Exercise” is to generate discussion of the types of activities performed and to ensure consistency in how these activities are coded.

As each Local Educational Agency (LEA) program is unique, LEAs are advised to conduct a similar exercise as part of local time survey training. Training participants should create a list of activities applicable to their specific claiming unit and/or program. The state Department of Health Services can provide technical assistance regarding the appropriate coding of activities that are identified by participants and that are not included in the How To Code Exercise.

The underlying principle in determining how to code should be the primary purpose of the activity.

Example:

MAA Outreach: Outreach A (Not Discounted) can be coded as long as effort is always made to either encourage/refer potential eligibles to Medi-Cal eligibility offices and Medi-Cal services, or to encourage/refer Medi-Cal beneficiaries to Medi-Cal service providers. General promotion of and referrals to “health services,” without specific reference to Medi-Cal, must be coded to Outreach B (Discounted). This differentiation should also be considered in the development of outreach materials.

EXERCISE INSTRUCTIONS

There are two columns which are to be completed for this exercise. The first column is the CODE(S) column. Use the letters below to enter code(s) in this column. The second column is the REASON column. Use this column to briefly describe why certain code(s) were chosen.

In several cases the sample activities, as described, should be coded to more than one time survey activity. The reason for this is that the time spent on some activities must be prorated as there is more than one purpose for the activity. During the time survey, the time should be coded proportionally to the amount of time spent on each activity.

CODING LETTERS

A = Medi-Cal Outreach A	G = MAA Coordination/Claims Administration
B = Medi-Cal Outreach B1 or B2	H = MAA Implementation Training
C = Facilitating Medi-Cal Application	I = Other Programs/Activities
D = MAA Transportation	J = Direct Patient Care
E = Contracting for Medi-Cal Services	K = General Administration
F = Program Planning & Policy Development	L = Paid Time Off

LEA/LEC MAA TIME SURVEY – HOW TO CODE EXERCISE

For each sample activity, fill in the Activity Code Letter(s) in the CODE(S) column, and state the reason for your choice

SAMPLE ACTIVITY	CODE(S)	REASON
1. A school nurse visits a high risk family. The student, who is on Medi-Cal, has a fever. A nursing assessment is done and a referral is made to a Family Practice clinic that accepts Medi-Cal.		
2. Charting and reading assessment information in preparation for home visits with students being served under and IEP, IHSP, or IFSP.		
3. Developing a presentation for a group of pregnant teens who are enrolled in a pregnant minors' program and who need help with food stamps, budgeting, nutrition, and legal support.		
4. A Family Advocate meets with the parents of a student and instructs the parents on the treatment of chronic pediculosis (lice).		
5. A Healthy Start worker assists a Medi-Cal client with preparing the paperwork necessary to establish continuing eligibility for Medi-Cal.		
6. Health Start staff answer phones for a call-in period and makes referrals to Medi-Cal, Clinics, Food Stamps, and Mental Health outpatient services.		
7. School nurses collaborate for six hours on writing outreach campaign materials on CHDP targeted to school sites with high Medi-Cal rates and single parent families.		
8. Health Educators spend four hours at a Continuation School talking to high risk teens about HIV, birth control, and how to get on Medi-Cal.		

SAMPLE ACTIVITY	CODE(S)	REASON
9. A school health worker goes door-to-door for eight hours in a low income neighborhood with a high rate of Medi-Cal residents delivering pamphlets about school drop-in centers and Medi-Cal application centers.		
10. A Healthy Start Case Manager visits a home on referral and assesses that the family is in need of medical care for prevention (immunization services) and/or treatment of an illness. The case manager teaches the client about the need for medical care, screens and determines that the family will probably be eligible for Medi-Cal, give information on how to apply for Medi-Cal, and give the client a list of Medi-Cal providers.		
11. A student comes to the Healthy Start Center and an interview indicates that the student has symptoms of a medical condition in need of diagnosis and treatment. The student is determined to be eligible for Medi-Cal and is given information on the need for care, how to apply for Medi-Cal, and a list of providers.		
12. School staff develop a plan to initiate School Clinic services to provide CHDP exams.		
13. A Health Educator gives a group presentation to high school students. She discusses the need for regular health care examinations, give some education on communicable diseases, and tells the group about Medi-Cal in general and how to seek medical care.		
14. School staff participate on an Interagency Children's Task Force to develop strategies to improve access to pediatric services.		
15. A school case manager addresses a student's health and social services needs during an IEP meeting.		
16. Staff are trained to complete the MAA time survey forms.		
17. Supervisors review and sign the MAA time survey forms.		

LEA/LEC MAA TIME SURVEY – HOW TO CODE EXERCISE

SAMPLE ACTIVITY	CODE(S)	REASON
18. MAA time survey forms are analyzed and the data is summarized at the program level prior to preparing claims. Supervisors and their clerical staff complete this task.		
19. Took a 15 minute break.		
20. Healthy Start staff attend a meeting about MAA policies and procedures.		
21. Healthy Start Case Manager helps a parent develop a monthly budget and provides a referral for vocational assistance.		
22. Staff attend a training on earthquake preparedness.		
23. Gave blood for a county Blood Drive.		
24. Coordinated with a Medi-Cal provider to make sure that services were available in Spanish.		
25. A School psychologist meets with a student who has breached his/her behavior plan to assess needs and revise the plan.		
26. A school nurse arranges for a Medi-Cal covered student to be transported to off campus to a Medi-Cal service provider for treatment of a urgent medical need.		
27. As part of a School Health Fair, students are given information on how to seek services from local health care providers.		
28. A School Nurse does referrals to Medi-Cal eligibility offices and Medi-Cal services providers as part of her job.		
29. A school health case manager develops a resource directory of CHDP providers who can provide Spanish language services to Medi-Cal students and their families referred for this service.		

LEA/LEC MAA TIME SURVEY – HOW TO CODE EXERCISE

SAMPLE ACTIVITY	CODE(S)	REASON
30. A school attendance worker meets with the student's parents, Child Welfare, the student's probation officer to discuss the student's social service needs prior to an expulsion hearing.		
31. Staff attend a workshop on changes in the MAA codes.		
32. Health Educator conducts a class at a community center on how to complete Medi-Cal forms.		
33. A translator accompanies a school case manager on a home visit.		
34. A school clerical person develops a list of Spanish speaking social service providers (housing, food stamps, clothing) for the school case managers.		
35. A transition case manager meets with a job training program regarding eligibility requirements for a student.		
36. A school Medi-Cal Outreach Worker is outposted to school health clinics.		
37. A Family Advocate refers a Medi-Cal covered student to the school TCM Case Manager.		
38. Community Health Worker participates in a Health Fair to discuss Medi-Cal eligibility.		
39. A school clerical staff person coordinates the provision of non-emergency, non-medical transportation for students receiving medical services off campus.		
40. The Intake Nurse at the School-Based Clinic screens students for Medi-Cal eligibility.		
41. A Healthy Start Worker distributes Health Department Services pamphlets to low income families. The pamphlet includes information on Medi-Cal application procedures and services.		
42. A case manager gathers and provides Al-Anon support group information to a student.		

LEA/LEC MAA TIME SURVEY HOW TO CODE EXERCISE – ANSWER KEY

For each sample activity on the How To Code Exercise Form the Answer Key provides the appropriated coding letter(s) in the CODE(S) column. In the REASON column, the Answer Key provides an explanation of why the coding letter(s) are appropriate.

There may be more than one code in the CODE(S) column for two reasons:

1. The time spent on the sample activity must be prorated between two time survey activity codes because the activity description includes both claimable and non-claimable components.
2. The coding depends on the primary purpose of the activity or on the context in which the activity is performed.

CODING LETTERS

A = Medi-Cal Outreach A
B = Medi-Cal Outreach B1 or B2
C = Facilitating Medi-Cal Applications
D = MAA Transportation
E = Contracting for Medi-Cal Services
F = Program Planning & Policy Development

G = MAA Coordination/Claims Administration
H = MAA Implementation Training
I = Other Programs/Activities
J = Direct Patient Care
K = General Administration
L = Paid Time Off

NOTE: The term “Medi-Cal covered services” means those health services which can be reimbursed through Medi-Cal in California. For Outreach A, this means referring a Medi-Cal eligible person to a Medi-Cal provider for one or more of these services. For Outreach B, this means referring any person for one or more of these services, even if the person is not a Medi-Cal eligible and the provider is not a Medi-Cal provider. A list of Medi-Cal covered services is included in Section 2 of the SDHS LEC MAA Provider Manual, March 1999.

Activity #	CODE(S)	REASON
1	A, I	The time spent on the nursing assessment is coded to Other Programs/Activities and may be billable to TCM through the LEA Medi-Cal Billing Option. The time spent on the referral to Medi-Cal covered services is coded to Outreach A.
2	I	This activity may be part of a LEA Medi-Cal Billing Option TCM service.
3	I	This is primarily an education activity and deals with services that are not covered by Medi-Cal.
4	I	The provision of education is not claimable through MAA.
5	C	The purpose of this activity is to Facilitate Medi-Cal Application. NOTE: This does not involve the actual eligibility determination.
6	A or B, I	If the time spent specifically referring for Medi-Cal eligibility or referring Medi-Cal clients to Medi-Cal covered services can be isolated, that portion can be coded to Outreach A. If the caller is not identified as Medi-Cal eligible, referral to Medi-Cal covered services can be coded to Outreach B. Time spent referring to services, such as Food Stamps, that are not covered by Medi-Cal, is to be coded to Other Programs/Activities.

LEA/LEC MAA TIME SURVEY HOW TO CODE EXERCISE – ANSWER KEY

Activity #	CODE(S)	REASON
7	B	The campaign materials involve information on accessing Medi-Cal covered CHSP services. However, the audience includes both Medi-Cal and non-Medi-Cal beneficiaries.
8	A, I	The portion of this activity devoted to bringing persons into Medi-Cal services may be coded to Outreach A. The portion that is strictly educational must be coded to Other Programs/Activities.
9	A, I	The portion of this activity related to bringing persons into Medi-Cal services through referral to Medi-Cal application centers may be coded to Outreach A. The portion regarding the school drop-in centers must be coded to Other Programs/Activities as it is assumed that these centers do not provide Medi-Cal covered Services.
10	A	The primary purpose of this visit is to bring this family into the Medi-Cal system through referral to the Medi-Cal eligibility office and Medi-Cal providers.
11	A, J	The intent of this interview must be to bring the person into Medi-Cal services. If this interview is in a clinic setting, the portion related to assessing the need for medical treatment must be coded to Direct Patient Care.
12	F	The purpose of this activity is to increase Medi-Cal system capacity through the initiation of a School Health Clinic.
13	B, I	If the intent of the presentation is outreach to bring persons into Medi-Cal covered health services, the entire time may be coded to Outreach B. If a significant portion is education, the time must be prorated between Other Programs/Activities (education portion) and Outreach B. The provision of education is not claimable through MAA.
14	F	The purpose of this activity is interagency coordination to improve the delivery of Medi-Cal services.
15	I	This activity may be part of a LEA Medi-Cal Billing Option TCM service.
16	G or H	If the persons conducting or attending the training are MAA Coordination and Claims Administration staff, they would code to MAA Coordination/Claims Administration. Persons who are not part of this unit would code to MAA Implementation Training.
17	G	It is assumed that the supervisors are MAA Coordination staff.
18	G	It is assumed that the supervisors and clerical staff are MAA Coordination staff.
19	K	Paid breaks are coded to General Administration.
20	G or H	If the persons conducting or attending the meeting are MAA Coordination Claims Administration staff, they would code to MAA Coordination/Claims Administration. Persons who are not part of this unit would code to MAA Implementation Training.
21	I	These activities are not related to MAA or Medi-Cal covered services.
22	K	General meetings and training sessions that are not related to the MAA program or to another funded program, such as the LEA Medi-Cal Billing Option, are coded to General Administration.
23	I or L	If the employee is given time during the paid work day to do this, code to Other Programs/Activities. If the employee is required to take paid time off to do this, code to Paid Time Off.
24	A	This activity involves updating Medi-Cal referral resources for outreach purposes.
25	I	This activity may be part of a LEA Medi-Cal Billing Option TCM assessment.
26	D	This activity involves arranging non-medical, non-emergency transportation of a Medi-Cal recipient to a Medi-Cal covered service.
27	B	This activity involves bringing both Medi-Cal and non-Medi-Cal persons into health care services.
28	A, I	The portion of this activity that solely involves referrals to Medi-Cal eligibility and Medi-Cal services can be coded to Outreach A. Referrals to services not covered by Medi-Cal and general medical advice is to be coded to Other Program/Activities.
29	A or F	This activity involves developing a resource directory of providers of a service covered by Medi-Cal. It may be coded to Outreach A if the primary purpose is for outreach or it may be coded to Program Planning & Policy Development.
30	I	This activity is not related to MAA or to Medi-Cal covered services.

31	G or H	If the persons conducting or attending the workshop are MAA Coordination and Claims Administration staff, they would code to MAA Coordination/Claims Administration. Persons who are not part of this unit would code to MAA Implementation Training.
32	C	The purpose of this activity is to Facilitate Medi-Cal application.
33	I	Case management services are not claimable through MAA.
34	I	The list is for services that are not covered by Medi-Cal.
35	I	Job training is not a Medi-Cal covered service. This activity may be part of a LEA Medi-Cal Billing Option TCM service.
36	A	It is assumed that the only role of the Medi-Cal Outreach Worker is to bring persons into the Medi-Cal system.
37	A	TCM is a Medi-Cal covered service.
38	A or C	If the activity only involves referral to the Medi-Cal eligibility office, then code to Outreach A. If the activity also involves instruction on completing the Medi-Cal application process, code to Facilitating Medi-Cal Application.
39	D	This activity involves arranging non-medical, non-emergency transportation of a Medi-Cal recipient to a Medi-Cal covered service.
40	I or C	If this activity is a brief and routine part of clinic intake it is coded to Other Programs/Activities. If this activity goes beyond clinic intake and involves assisting the client to apply for Medi-Cal it may be coded to Facilitating Medi-Cal Application.
41	A	It is assumed that the purpose of this activity is to bring persons into the Medi-Cal system to determine eligibility and to bring Medi-Cal beneficiaries into Medi-Cal services.
42	I	The Al-Anon support group is not a Medi-Cal covered service.